



**KAPLAN MANAGEMENT CONSULTANTS, INC
SELF-EMPLOYED INCOME WORKSHEET
TAX YEAR 2025**

****PLEASE COMPLETE ENTIRETY OF THIS WORKSHEET (IF APPLICABLE)
*RETURNS WILL NOT BE PREPARED WITHOUT A COMPLETED WORKSHEET***

BUSINESS NAME _____

FED ID # (IF APPLICABLE) _____

DESCRIPTION OF JOB/ACTIVITY _____

DID YOU MAKE ANY PAYMENTS IN 2025 THAT WOULD REQUIRE YOU TO FILE FORM(S) 1099?

YES NO

IF YES, DID YOU OR WILL YOU FILE REQUIRED FORMS 1099? YES NO

INCOME (WHOLE \$ AMOUNTS)

TOTAL REVENUE OR SALES (INCLUDING CASH) \$ _____

COST OF GOODS SOLD:

PURCHASE OF MATERIALS \$ _____ LABOR/SUBCONTRACTOR COSTS \$ _____

EXPENSES (WHOLE \$ AMOUNTS)

ADVERTISING \$ _____ COMMISSIONS \$ _____

INSURANCE \$ _____ DUES & SUBSCRIPTIONS \$ _____

LEGAL/PROFESSIONAL FEES \$ _____ OFFICE SUPPLIES \$ _____

RENT OR LEASE OF:

VEHICLES, MACHINERY, EQUIP. _____ REPAIRS/MAINTENANCES \$ _____

LICENSES & PERMITS _____ TRAVEL \$ _____

TELEPHONE _____ UTILITIES \$ _____

HEALTH INSURANCE \$ _____ BUSINESS MEALS \$ _____

AUTOMOBILE EXPENSES \$ _____ EQUIPMENT PURCHASE \$ _____

PAYROLL \$ _____ PAYROLL TAXES \$ _____

BANK & CREDIT CARD FEES \$ _____

OTHER EXPENSES (PLEASE LIST):

I UNDERSTAND THAT IF REQUESTED BY FEDERAL OR STATE TAXING AUTHORITIES, I WILL HAVE TO PRODUCE RECEIPTS TO SUBSTANTIATE MY DEDUCTIONS.

CLIENT SIGNATURE

CLIENT NAME

DATE